(c) According to the proposed bill, after section 36 A of the principal act the following sections shall be substituted, namely:—

"36AB. (1) The Central Government, or the State Government in consultation with the Chief Justice of the High Court, shall, for trial of offences relating to adulterated drugs or spurious drugs and punishable under clauses (a) and (b) of section 13, sub-section (3) of section 22, clauses (a) and (c) of section 27, section 28, section 28A, section 28B, and clause (b) of sub-section (1) of section 30 and other offences relating to adulterated drugs or spurious drugs, by notification, designate one or more Courts of Session as a Special Court or Special Courts for such area or areas or for such case or class or group of cases as may be specified in the notification.

(d) Does not arise in respect of reply given in Part (c)

(e) and (f): * There is no proposal at present to increase the number of drug inspectors. However, a Capacity Building Project through World Bank assistance has been taken up to provide substantial assistance to State Govts, to upgrade drug testing facilities and to establish new drug testing laboratories. These steps are expected to increase the number of samples tested in the country from about 36.000 samples to 1.00 000 samples per year and to reduce the reporting time to less than a month as against the present period from 3 to 6 months.

Medical care to people

†606. SHRI RAM JETHMALANI:
Dr. MURLI MANOHAR JOSHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the medical facilities which have been set up till today after gaining independence serves only 20 percentage of .the population;

* Specific training programme for regulatory officials of State Govts, on logistics of intelligence work, prosecutions etc. has been conducted with the assistance of FDA, Maharashtra. This is an ongoing activity Training is also being provided to regulatory personnel, including drug inspectors, of the centre and the States/UTs under the Capacity Building Project to ensure better efficiency in work

†Original notice of the question was received in Hindi.

(b) if so, the reaction of Government thereto;

(c) whether Government have assessed the size and level of the system for providing medical facilities to the whole population of the country; and

(d) if so, the extent of additional increase which is required in the present system and by when it is targeted to be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) It is estimated that around 20% of the country's requirement of health care is met through public health care system and remaining through the private health care systems. The Government has set up a National Rural Health Mission which seeks to provide effective health care to rural population throughout the country. It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health and Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health and Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary health care. The total outlay for the National Rural Health Mission for the year 2005-06 is Rs. 6371.156 crore. The major components are targeted to be implemented during 2005-08.

In addition, 6 AIIMS like institutions are being set up in the under-served areas of the country and another 7 institutions in the States are being upgraded to that level by grant of a one-time assistance under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). The outlay for the PMSSY for the year 2005-06 is Rs. 250 crores. Start up activities have already been taken up.

National Rural Health Mission

607. SHRI YASHWANT SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Rural Health Mission (NRHM) has been launched from April, 2005;